

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

33962

STATE FILE NUMBER 7850

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1430 Chouteau				Length of stay in 1b 50 Yrs.		d. STREET ADDRESS (If outside, give location) 1430 Chouteau	
3. NAME OF DECEASED (Type or print) First MIDDLE Last BERTHA KIEFER PAULING				4. DATE OF DEATH Month Day Year 8-20-1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-9-1879	
9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home			
13. FATHER'S NAME Unk. Kiefer				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Charles Pauling, 1430 Chouteau	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Curricular fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 422.2							INTERVAL BETWEEN ONSET AND DEATH 3 wks 5 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 422.2			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION COUNTY STATE				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Mar 1952 to 8/20/57 and last saw her alive on 8/19/57 Death occurred at 12:20 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree or title) J. Schindewolf MD			
22a. ADDRESS 2026 So. 9th St				22b. DATE SIGNED 8/21/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-22-1957		23c. NAME OF CEMETERY OR CREMATORY St. Matthew's Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette				25. DATE RECD. BY LOCAL REG. AUG 21 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, MD J.P.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. C. Chapman

Licensed Embalmer No. 43

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.